



**The Bergen County American Legion
Department of New Jersey
Gene Howell/Don Holmes Scholarship**

RULES AND INSTRUCTIONS:

1. Applicant must meet all requirements listed herein.
2. Applicant must be the son or daughter (natural or adopted) or the grandson or granddaughter of a member of The American Legion, The American Legion Auxiliary or the Sons of the American Legion in Bergen County, NJ.
3. The sponsor parent or grandparent must be a paid-up member for the current year, or if deceased, a member at the time of his/her death.
4. Applicant must be a senior in High School at the time of application.
5. Applicant must present proof of enrollment by Sept 30th of the current year or the award will be forfeited.
6. All of the following documents must be sent in ONE ENVELOPE prior to the deadline noted on page 2. Partial applications will not be considered.
 - a. Completed application form, signed by applicant.
 - b. Photo copy of parent's or grandparent's current membership card for Legion, Auxiliary or SAL. (If deceased, proof of membership at the time of death.)
 - c. A summary of School, Athletic, Community Service and other activities the applicant has participated in. (Sample enclosed.)
 - d. A brief letter from the applicant stating the reason for his/her choice of future vocation.
 - e. Letter(s) of recommendation as testimony to character, Americanism and leadership.
 - f. Transcript of grades from applicant's high school.
7. Deadline for receipt of application is the March 15, 2020
8. MAIL COMPLETED APPLICATION ALONG WITH ALL MATERIALS REQUESTED IN ONE (1) ENVELOPE TO:

The Bergen County American Legion
c/o Sophia Dmoch
78 Main Street
Little Ferry, NJ 07643

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APPLICATION FORM

APPLICANT INFORMATION:

Name: _____ Phone # _____

Address: _____

Date of birth: _____ High School _____

Name of school(s) you are applying to: _____

Name of parent other than member/sponsor below: _____

MEMBER/SPONSOR INFORMATION

Sponsor Parent/Grandparent's name: _____

Membership # _____

Organization Post # _____ Unit # _____ SAL # _____ Rider # _____

If deceased, date of death _____

Signature of Applicant

Date

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SUMMARY OF ACTIVITIES

SCHOOL ACTIVITIES, CLUBS, ETC:

ATHLETIC ACTIVITIES:

COMMUNITY SERVICE:

OTHER: